

# PERFORMING ARTS DAY CAMP – 2015 @ Central Baptist Church

**“Go, Go Jonah!”**

Kindergarten – Grade 7 (completed) - \$50

**Sunday, June 21: 2-5 PM & Monday-Thursday, June 22-25: 9 AM-2 PM**

Performance: Thursday Evening, June 25, 7 PM – Children Arrive @ 6 p.m.

## REGISTRATION:

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Age \_\_\_\_\_ Grade just completed \_\_\_\_\_ Male \_\_\_\_/ Female \_\_\_\_\_

Home Address \_\_\_\_\_  
Street & # \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

### Parent/Guardian

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_ Address (if different from above): \_\_\_\_\_

Cell \_\_\_\_\_ Cell \_\_\_\_\_

Phones: Home \_\_\_\_\_ Mom's Wk. \_\_\_\_\_ Dad's Wk. \_\_\_\_\_

Email Address (very IMPORTANT): \_\_\_\_\_

**Who may pick-up or drop-off?** Be sure to LIST ALL that apply. Attach another sheet if necessary.

Name: \_\_\_\_\_ Dr. Lic. # \_\_\_\_\_

Name: \_\_\_\_\_ Dr. Lic. # \_\_\_\_\_

### Emergency Medical Information:

Doctor's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Known Allergies? \_\_\_\_\_ Other Medical Info: \_\_\_\_\_

Please note: **No medications (prescription or OTC) can be given by CBC employees or volunteers.**

## **Permission to Participate / Release of Liability**

I hereby give permission for my child \_\_\_\_\_ to participate in all activities related to Central Baptist Church's Performing Arts Day Camp. I understand that all activities will be conducted on church property.

In return for the benefits of my child's participation in these church sponsored activities I agree to accept responsibility for the actions of my child and assume all risk of injury to my child should such occur. In the event of illness or accidental injury, I hereby authorize the church employee or adult chaperone to obtain medical treatment for my child as deemed necessary, after making every reasonable effort to notify us. If the church employee or chaperone is unable to contact us for any reason, he or she is further authorized to use his or her judgment in making care decisions for our child, and I agree to pay in full and be responsible for, any and all expenses incurred for this treatment.

I understand the zero tolerance policy related to illegal substances and weapons and agree to pick-up my child if deemed necessary for any reason by the Camp Director. I have read & understand this document and release of liability. I agree to the terms and conditions and certify that the information provided is complete and accurate.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent Print Full Name: \_\_\_\_\_

I agree that my child's image, both in print and electronically, may be used by Central Baptist Church for illustrative or promotional purposes. **Yes** **No** Please initial. \_\_\_\_\_

**Return this form and check for fees payable to Central Baptist Church, 142 Fairview Ave., Daytona Beach, FL 32114**

**FOR OFFICE USE ONLY:** Amt. Paid: \_\_\_\_\_ Ck. # \_\_\_\_\_ Cash \_\_\_\_\_ Date: \_\_\_\_\_ Rec'd By: \_\_\_\_\_